

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** DESTINY ADULT FAMILY HOME I (0009607)  
**Address:** 2419 JEAN AVE, RACINE, WI 53403  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/09/2002  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0095335      **End Date:** 06/28/2005      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0094893      **End Date:** 05/17/2005      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0094632      **End Date:** 03/30/2005      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009108    Served 05/07/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALIAED CAREGIVERS	04/30/2005	Yes

**Survey ID:** 0092739      **End Date:** 06/03/2004      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008715    Served 06/26/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	05/17/2005	Yes

**Disclaimer:** This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Survey ID:** 0091812      **End Date:** 12/02/2003      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008943    Served 02/05/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	05/27/2004	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	05/27/2004	Yes

---

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

Enforcement History
---------------------

<b>Date: 05/02/2005</b>	<b>SOD #10009108</b>	<b>Appealed: No</b>
-------------------------	----------------------	---------------------

Sanctions

COMPLY WITH REQUIREMENT

---

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Complaint History**

**Date Complaint Received: 02/25/2005**

**Date Investigation Completed: 06/17/2005**

Subject Area(s)  
STAFF ADEQUACY  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/08/2003**

**Date Investigation Completed: 05/27/2004**

Subject Area(s)  
MEDICATIONS  
STAFF ADEQUACY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/05/2003**

**Date Investigation Completed: 06/03/2004**

Subject Area(s)  
RESIDENT RIGHTS  
MEDICATIONS  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/22/2003**

**Date Investigation Completed: 12/02/2003**

Subject Area(s)  
STAFF TRAINING AND PROFICIENCY

Result  
SUBSTANTIATED

SOD #  
10008943

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*